



## ***Department of Public Health & Human Services, Helena***

### **Meeting Minutes November 9, 2011**

#### **I. Call to order**

**Brad Pickhardt, MD, FACS** called to order the regular meeting of the **State Trauma Care Committee** at **1130** on **November 9, 2011** in **Helena, MT**.

#### **II. Roll call**

Roll call was conducted and the following persons were present:

**Present:** Lauri Jackson, Freddy Bartoletti, Sam Miller, Leah Emerson, Lyndy Gurchiek, Justin Grohs, Dennis Maier and Brad Vonbergen attended by teleconference.

**Absent:** Pauline Linnell, Krissy Lowery, Jonathan Weisul, Elaine Schuchard

**Guests:** Harry Sibold, Bobbi Perkins, Joe Hansen, Gail Hatch, Jennie Nemec, Carol Kussman, John Bleicher, Jim DeTienne, Jeff Cook and Rolando Gomez. Marla Leedy, Traci Jasnicky, Chuck Bratsky and Drew Goss attended by teleconference.

#### **Handouts**

- Agenda & previous meeting minutes
- CRTAC, ERTAC & WRTAC meeting minutes
- EMSTS & Hospital Preparedness Program Updates
- Articles & Guidelines; DHB Memo; Use of Dried Plasma 8-11-11
  - State of the Art of Fluid Resuscitation 2010
  - Simulation-based Assessment of Paramedic Pediatric Resuscitation Skills
  - Heads-Up Resource handout
  - Comparison of Oral Anticoagulants and Antiplatelet medication list

### **III. RTAC Reports**

#### **a) Central RTAC report given by Lauri Jackson**

The last CRTAC meeting was October 22, 2011 and hosted by Benefis Healthcare with good attendance. CRTAC meeting minutes were available for review.

State report was given by Jennie Nemec & Carol Kussman. CRTAC focused on emphasizing the importance of EMS trip reports to be generated within 48 hrs and for any patient contact or dispatch. Drop-sheets or hand-off sheets may be used but are not a substitute for completed trip reports submitted within 48 hrs (soon to be 24 hours when rules change is adopted)

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Case review: Hypothermia Case, "Normothermia/Prevention of further heat loss" content from MTS conference: regional suggestions: warm EMS IV fluids if possible, wrap patients effectively, turn up temperatures in patient compartments/trauma rooms, implement warming measures & ensure cover patient's head is covered w/hats/towels, etc. to lessen further heat loss.

The next CRTAC meeting is scheduled for December 13, 2011 at Benefis Health Care.

#### **b) Eastern RTAC report given by Brad Vonbergen**

The last ERTAC meeting was September 8, 2010 at Billings Clinic. ERTAC meeting minutes were available for review.

The Rimrock Trauma Conference is to be scheduled for the day before Billings ATLS, November 3, 2011.

Elaine Schuchard presented the Education subcommittee report.

Jennie Nemec & Carol Kussman provided the state Trauma System update.

Case reviews included; MVC/Tanker/fire @ crash scene, scene safety issues; complex acetabular/pelvic fractures; regional transfer issues/dislocated hip promoting joint reduction/prevention of avascular necrosis.

Jennie Nemec & Carol Kussman gave the state report and covered "Normothermia/Prevention of further heat loss" content from MTS conference

ERTAC is actively working on re-establishing their PI Subcommittee, its mission and processes for its activities.

The next ERTAC meeting is scheduled for September 8, 2011 and hosted by Billings Clinic.

#### **c) Western RTAC report given by John Bleicher**

The WRTAC meeting was held October 12 hosted by Community Medical Center in Missoula. WRTAC meeting minutes were available for review.

Nursing Education group: CMC presented information on their Mock Trauma Drills being conducted for their facility. START triage criteria were reviewed

EMS/Medical directors: Bill Bennett present Obesity issues for EMS transport. Next meeting will review C-Spine maintenance in the field.

Jennie & Carol gave the state report as well as "Normothermia/Prevention of further heat loss" content from MTS conference

Case reviews included; Bilateral chest trauma, multiple patient MVC & well-coordinated EMS response, multiple patient MVC rollover with both air & ground transport of patients, and MC crash patient w/no signs of life on scene and group discussion regarding who communicates with Medical control and whether to initiate resuscitation of trauma arrests within city limits.

The next WRTAC meeting is scheduled for January 13, 2012 hosted by St Patrick Hospital in Missoula.

## **V. Introduction of Harry Sibold, MD, new BOME Medical Director**

Dr Sibold introduced himself and provided information on his background, professional qualifications, experience and his intent to develop the Medical Advisor roles for Montana. He outlined his approach and discussed challenges of our systems. We welcome his participation, perspective and collaboration as we continue to develop Montana's Emergency Care and Trauma Systems and look forward to working together to enhance system linkages and processes.

## **VI. State Report; Jennie Nemec & Carol Kussman**

ATLS courses have been scheduled for 2012 and are posted on the website & 2012 Trauma System Calendar. We will conduct 4 courses instead of 5 this year and see how it works. ACS is also planning to release an On-line version of ATLS in 2012 primarily to improve access for rural providers. There will need to be a skills lab and practical testing components scheduled. We will review the new course when it is released/available and evaluate the logistics of incorporating such an approach into our program of ATLS courses.

Designation/Verification reviews scheduled; Re-designations;

Wolf Point	TRF
Poplar	TRF
Malta	TRF
Plains	CTF
Deer Lodge	TRF
Anaconda	CTF
CMC, Missoula	ATF

NEW Applications;

Forsyth	TRF
Shelby	TRF
Choteau	TRF
Columbus	TRF

Re-Designations Due;

Dillon	TRF	January, 2012
Whitefish	CTF	March, 2012
Superior	CTF	
Kalispell	ACS Level II/ATH	

Education/Meetings;

MT Trauma System Conference: September 21, Kalispell Red Lion

67 attendees !

Great day of education, networking, case reviews

+ Update

+ PI

+Trauma Registrar Collector track

+ Sharing best practices

2011 Rocky Mountain Rural Trauma Symposium

September 22 & 23, Kalispell Red Lion

WRTAC hosted

280 attendees!

WRTAC scholarships: 52

Kalispell EMS scholarship: 53

Hot topics: IV Fluid Resuscitation  
SAFETY  
ET study  
Air Medical Guidelines  
Collaborative approaches

2012 Rocky Mountain Rural Trauma Symposium

ERTAC hosting

September 13 & 14, 2012

Grantree Inn, Bozeman

25th RMRTS!!!

+ MT Trauma System Conference September 12, 2012

Current state of Montana Trauma Registry

Collect data on trauma cases meeting inclusion criteria by hospitals

Hospitals transfer some data items to Central Trauma Registry @ state

Current; 9 larger facilities w/Collector/Report Writer software; data repository, reporting, trending

Can obtain information for trauma programs internally

All other facilities (43/48 so far); Paper abstracts sent to state (2010 cases: 814 !)

abstracts reviewed, data entered into Central Registry, TR report generated/case, cases reviewed & feedback provided

Information available= information we can provide

Trauma System questions;

How can we obtain better data for valid info?

How to identify those process improvements that make a meaningful difference?

What do we need to be REALLY good at to improve outcomes?

How can we ever compare our facility with other facilities our size?

Where do we go from here?

National Highway Traffic Safety Administration; We have obtained funds for Web-based version of Collector Software to be provided for ALL current MT paper facilities

Web-Based Collector to be obtained; Winter 2011-2012

An abbreviated web-version Collector Trauma Registry database for each facility currently using paper Web data entry, configured standard Collector/NTDB data set; capable of record/data transfer to the Central Registry, up to 25 concurrent users and includes a Trauma "Dashboard" Reporting System for facilities to obtain TR info internally.

Tentative timeline; Funding/contract October-December

Regional "Master Users" as resources

January-February obtain format, initiate installation

Web-based instruction, March 2012?

New TR Capabilities? Ability to start "apples to apples" comparisons,

Align our systems

Meaningful information from valid data

? benchmarking

? ID effective processes

? outcomes

MT Trauma System Issues;

Pediatric Neurosurgery availability

Bariatric Trauma patients

Air Medical activation

Inter-facility Transfer Issues

Anti-coagulated trauma patients

Hypothermia

IV Fluid resuscitation

MT Third Preventable Mortality Study;

Traumatic deaths for 2008

1008 initial cases identified

Excluding (consistent w/previous study exclusions) for ;

Non-mechanical trauma, Non-trauma, late effects;

To-date cases = 448 with 240 cases in-put into Collector

PM Study Panel;

Tom Esposito, MD, FACS, MPH, IL

Stu Reynolds, MD, FACS, Havre

Chad Engan, MD, FACS, Great Falls,

Andy Michel, MD, Helena

Freddy Bartoletti, MD, Anaconda

Dwight Thompson, PA-C, Harlowton

Sally Hageman, RN, Billings

Sam Miller, RN, Bozeman

Chris Benton, RN, Red Lodge

Megan Hamilton, RN, EMT-P, Missoula

Francine Giono, EMT-B, Whitehall

Lauri Jackson, APRN, Great Falls

Initial PM Study panel orientation meeting,

January 5 & 6, 2012, in Helena @ Cogswell Building RM 209

Panel members will be assigned as Primary/Secondary reviewers for cases; present cases to group for evaluation and determination

Looking for opportunities for improvement in phases of care, types of care, identification of system priorities.

## **VII. New Business; Jennie Nemec**

Introduction of Utah IV Module currently provided to Utah EMS Services & facilities for potential MT educational content on IV fluid administration

Jennie reviewed the Utah module and STCC discussion followed. Concerns included; lack of current definitive evidence for specific “best-practice” fluid/blood product administration guidelines, transfusion issues for tertiary centers, need for specific information on hypotension in head injury, resuscitation endpoints, small facility limitations in Lab/IV/blood product fluid capabilities, medical provider limitations in CAH facilities, EMS Medical Director oversight of current EMT endorsements and protocols for IV administration and lack of defined issues specifically in Montana.

Consensus concluded there is not enough current evidence to make specific recommendations at this time and further information is needed if such education is to be endorsed and developed. The Education Subcommittee also discussed the concepts/issues and recommended collecting Trauma Registry data on IV Fluid/Blood product administration in Collector to determine status of IV Fluid administration for TR patient and whether administration of large amounts of crystalloid is an issue or not. The group concluded that the Education Subcommittee activities would meet the need and we don’t need to establish an additional work group to research the issues. A PI Indicator for tracking IV Crystalloid administration will be recommended.

## **VIII. Heads-Up Resources- Bobbi Perkins**

Bobbi reviewed the Centers for Disease Control “Heads- Up” program and available resources for addressing Youth Concussions in Sports. There is an excellent variety of resources for prevention, identification and actions related to concussions/head injuries sustained in sporting activities on the website for coaches, parents, athletes and excellent free education for medical and healthcare providers. Website; <http://www.cdc.gov/concussion/HeadsUp/youth.html>

As the topic of mild-moderate TBI/concussion identification and management has assumed national focus on many fronts, discussion followed about Traumatic Brain Injury legislation other states have developed in with mandatory “Return to Play” guidelines.

## **IX. EMS Update; Jim DeTienne**

The National Association of State EMS Officials (NASEMSO) is developing model state legislation to assist states in addressing Air Medical issues related to oversight of medical components.

There is a federal Field EMS bill proposing identification of a lead federal agency responsible for EMS.

A Community EMS forum is being held Monday, November 14 in Billings at the Mansfield Center and many interested stakeholders have indicated they plan to attend. Dr Mike Wilcox will present Minnesota’s program for educating and utilizing EMS providers in the public health setting. The meeting will provide an opportunity for attendees to obtain information on Community Paramedicine concepts

## **X. EMS-Children- Joe Hansen**

Joe presented results for Michigan study/article identifying multiple issues of EMS pediatric care competence/proficiency with comparisons of effective/less effective educational strategies for improvement.

Ideas for changing educational approaches (effective in academic settings, education labs, course-based simulations and military models) include; incorporate simulation-based scenario education as realistically as possible to improve competency/proficiency, review “canned” courses accordingly to conduct them more effectively using such techniques, consider the opportunities EMT refresher courses provide for utilizing this type of education (as opposed to the “traditional” approach which becomes stale quickly in both care content and EMT engagement) and whenever possible, consider developing/presenting patient-scenario situations in realistic environments when possible.

## **XI. Area Transport Planning; Lauri Jackson, TC, Benefis Healthcare, Great Falls**

Lauri brought the issue of EMS transport planning/decision-making in cases of cross-county, cross-regional transport decisions encountered by rural EMS agencies geographically between facilities of varying levels, capabilities and designations (or not). Issues identified included; identification of severity of patient condition, county line/dispatch issues, location of critical injury/illness situation, familiarity of responders w/facility capabilities, medical control direction and “regular” practices (on-line, off-line and geographical communication gaps), COBRA/EMTALA concerns, facility outreach activities once issues

identified . STCC agreed additional information will need to be evaluated and an EMS discussion forum might provide one avenue to begin discussion of some of these issues.

## **XII. Subcommittee Reports**

### Education Subcommittee:

IV Fluid administration will be followed/tracked to obtain information as discussed during the previous session.

Ed Subcommittee members expressed concern that PHTLS Course issues need to be further identified and addressed to improve access to EMS providers throughout the state who need the education. Currently, obtaining PHTLS courses is problematic.

TEAM Course issues also need to be addressed; the course needs to be updated (last update 2006-2007) and the regions (particularly Central Region) have difficulty finding physicians to provide that part of the course, impeding course delivery.

### PI/EP Subcommittee:

PI summary information, Designation & EP activities were provided. Nine trauma facility designation recommendations were reviewed and acted upon.

Additional PI parameters will likely be identified during the Preventable Mortality study and those should be reviewed and included as prioritized PI activities.

The PI subcommittee is proposing to revise some designation criteria, specifically “back-up call schedule language for Regional facilities or a PIPs process to demonstrate lack of issues without such a back-up call schedule”. The committee will also be reviewing facility designation criteria for relevance and validity so as to ensure criteria are current, pertinent and germane to the designation process over time.

PI Subcommittee needs additional STCC membership to function more effectively. The PI Subcommittee meetings may only be attended by PI Subcommittee members to provide confidentiality in the designation process. Freddy Bartoletti, Brad Vonbergen and Sam Miller are willing to serve on PI Subcommittee.

Dennis Maier & Jim DeTienne discussed the online program for EP resources, facility resource availability, surge capacity and central availability of such concurrent information in the system during emergency response situations and “daily” regional or state-wide activities requiring such information. There is a skeleton of our database that would accommodate such information, but additional efforts to specifically address its development/implementation need to be re-vitalized.

## **Public Comment**

None received

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## **Adjournment**

**Brad Pickhardt** adjourned the meeting.

**The next State Trauma Care Committee meeting will be held in Helena, WEDNESDAY, February 15, 2012 in Helena.**

## Regional System Performance Improvement;

WRTAC: Scene Triage/Decision-making for multiple patient scenarios with issues related to;

- If there is a choice, which hospital should serve as on-line medical control?
- Communications between the scene, multiple EMS responders and medical control
- Discontinuing traumatic arrest resuscitations within city limits and resulting transport issues.

STCC advised on-going local case review and planning to address these issues involving all responders/participants & the facilities in order to develop a plan for consistent approach when possible, including:

- If patient(s) are critical, utilize the nearer facility for on-line medical direction to assist in transport decisions;
- In cases of multiple EMS responders on scene, identification of one primary “communication” individual by IC to provide consistent communication with on-line medical control;
- Individual cases of traumatic arrest need consistent review to develop a resuscitation/no resuscitation strategy locally.

CRTAC: Transport/decision making with on-scene airway management issues in patient with head/chest injuries, ground crew having great difficulty is securing/managing airway. Flight crew arrives; airway issues continue. Flight crew makes decision to transport to Level III facility to secure/manage airway prior to transfer to Level II Facility and is concerned re: decision and process.

STCC agreed w/Flight team decision and supports EMS critical airway management decisions in closer proximity facilities even if lesser surgical capabilities to improve patient outcomes when possible.

ERTAC; Anticoagulant/Anti platelet medication issues; Intoxicated patient sustaining head trauma told EMS staff he was taking “a blood thinner” but information was not communicated to hospital staff. At hospital, patient was unable to fully recall current medications, states “some medicine beginning with EF” and Triage staff assumed the medication was “Effexor” and documented it in the medications list, did not document GCS/pupillary assessment and “under-triaged” the Patient as ESI level 3. Accordingly, ERP evaluates patient within time frame reasonable for ESI Level 3 patient. Medication patient takes is actually “EFFIENT”, an anti-platelet medication. CT was obtained 2 hours after initial presentation, GCS after CT was documented as 13, CT results positive for head bleed.

Issues: intoxicated patients often “under-triaged” and staff may make additional assumptions regarding identifying medications appropriately. Many anticoagulants/antiplatelet medications are currently on the market with new ones being released frequently making it difficult to keep knowledge current. Additionally, regional patterns of medication prescription may mean staff do not recognize medications infrequently prescribed locally.

ERTAC/STCC Recommendations: Ensure accurate, well-communicated histories, “Up-triage” any patient on anticoagulant/antiplatelet medication with injury at least one ESI category (to ESI Level 2) and implement rapid evaluation, labs/diagnostics & reversal where indicated. Rapid Transport/transfer to higher levels of care should occur for patients in facilities with clinical symptoms and limited capabilities. ERTAC has developed &



distributed a list of current anticoagulant/antiplatelet medications to share state-wide (see attached). Trauma staff will widely distribute the list.

Minutes respectfully submitted by Jennie Nemec, RN, Trauma System Manager